

JUL 30 2020

U.S. DISTRICT COURT-WVND CLARKSBURG, WV 26301

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Dariongipe	
Your full name	FEDERAL CIVIL RIGHTS  COMPLAINT (BIVENS ACTION)
V.  COWATSON, CO  LOOT: NI ENT WESTS  LIST THE HAZPITO  ZIST HOLL TOWA, Me  Enter above the full name of defende	ráica!
	ursuant to Bivens v. Six Unknown Named Agents of 403 U.S. 388 (1971). The Court has jurisdiction over U.S.C. §§ 1331 and 2201.
In Item A below, place your full nan address in the space provided.	ne, inmate number, place of detention, and complete mailing
A. Name of Plaintiff  Address: HAZE  BRUCETON M	
In Item R helow, place the full name	e of each defendant his or her official position place of

employment, and address in the space provided.

В.	Name of Defendant: ONOTSON  Position: O  Place of Employment: HAZELTON USP  Address: POBOX 2000  BRUCETON MILLS WV 26525					
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?   ☐ Yes ☐ No					
	If your answer is "YES," briefly explain: He assaulted  Me. MARCH 132 2020					
B.1	Name of Defendant: RosieR					
	Position: CO Place of Employment: HAZELTON USP					
	Address: Po Box 2000					
	BRUKETON M:115 WV 26525					
on and the state of the state o	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?   ☐ Yes ☐ No					
	If your answer is "YES," briefly explain: He Phisially  055AUTEM ON MARCH 13 2020He					
	Punch me in my Balls which is					
B.2	Name of Defendant					
D.Z	Name of Defendant: West STONE Position:					
	Place of Employment: HAZEITON USP					
	Address: POBOX 2000 BRUCETON MILLS WY 26525					
	Was this Defendant acting under the authority or color of federal state					
	law at the time these claims occurred? Yes $\square$ No					

	If your answer is "YES," briefly explain: He Phisicilly assaulted MR MARCH 13 2020 HE PUNTED ME IN MY FACE THEN HE Slam MY HEAD Aginst THE Shower Walls Then every a Hours They did a Restraint check on MR WHY I WAS IN THEORY WOULD COME IN AND BEST ON ME CALL ME NIGHT
B.3	Name of Defendant: 5:5  Position: 5:5  Place of Employment: HAZRITON USP  Address: Po. Box 2000  BRUCE TON MILLS WV 26525
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?
	If your answer is "YES," briefly explain: He UNIANFULLY GOT  ME PLACED IN THE HOLE SHU FOR AND  ENVESTIGATION AND IT WAS NEVER SERVED  A INSTITUTIONAL TICKET Which is a Violation Of My Bop Policy Due process Right colled Program  STATEMENT INMATE DISCIPLEN
B.4	Name of Defendant: MPACO  Position: Medica  Place of Employment: HAZEITON IISP  Address: P.O. BOX 2-000  BTUCETON MILLS, WY 26525
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No
	If your answer is "YES," briefly explain: They Denied Me Medical attention when the staff assorted Me MARCH 13 2020 Which is a violation of My eighth amendment

	B.5	Name of Defendant: HAZEITON USP MAIL ROOM Position: WAII ROOM				
		Place of Employment: HAZE ITOM USP				
		Address: PAOX 2000				
		CRUCETON MILLS MIV. 26525				
		Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?				
		If your answer is "YES," briefly explain: They Been Planing				
		With My MAIL IN THE FIRST OF MY I Sent My arandma Rate a letter Notificial				
		ther June 15, 2020 sine said she never got				
III.	DI AC	CE OF PRESENT CONFINEMENT				
111.	ILAC	CE OF TRESENT CONFINEMENT				
Name	e of Pri	son/Institution: HAZEITON USP				
	A.	Is this where the exerts concerning to the second of the s				
	Λ.	Is this where the events concerning your complaint took place?  Yes  No				
		If you answered "NO," where did the events occur?				
	B.	Is there a prisoner grievance procedure in the institution				
		where the events occurred?				
	C.	Did you file a griovance concerning the feets relative to this and this is				
	С.	Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?				
		✓ Yes □ No				
	D.	If your angeven is "NIO ?? and a in the				
	<i>υ</i> .	If your answer is "NO," explain why not:				
	,	·				
	E.	If your answer is "YES," identify the administrative grievance procedure				
	And a	number(s) in which the claims raised in this complaint were addressed				

			state the result at level one, level two, and level three. ATTACH IEVANCES AND RESPONSES:
		LEV	VEL 1
			/EL 2
			VEL 3
IV.	PRE	EVIOU	S LAWSUITS AND ADMINISTRATIVE REMEDIES
	A.	Hav facts	e you filed other lawsuits in state or federal court dealing with the same s involved in this action? 口Yes 掉 No
	В.	is mo	our answer is "YES", describe each lawsuit in the space below. If there ore than one lawsuit, describe additional lawsuits using the same format a separate piece of paper which you should attach and label: "IVEVIOUS LAWSUITS"
		1.	Parties to this previous lawsuit:
			Plaintiff(s):
			Defendant(s):
		2.	Court: (If federal court, name the district; if state court, name the county)
		3.	Case Number:
		4.	Basic Claim Made/Issues Raised:
		5.	Name of Judge(s) to whom case was assigned:
		6.	Disposition:  (For example, was the case dismissed? Appealed? Pending?)
		7.	Approximate date of filing lawsuit:

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	8. Approximate date of disposition. Attach Copies:
C.	Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?  Yes  No
D.	If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.  I filed and Bex first They Never Responded Back So I follow up with The Beg Here is a Copy Right and Then I followed up with a reten to the Regional Which They Havant Responded yet
E.	Did you/exhaust available administrative remedies?  Yes □ No
F.	If your answer is "YES,", briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.  I 9150 Filed and Prea and here  IS a copy of it

- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
  - 1. Parties to previous lawsuit:

		Attachment A
		Plaintiff(s):
		Defendant(s):
	2.	Name and location of court and case number:
ı	3.	Grounds for dismissal: □ frivolous □ malicious □ failure to state a claim upon which relief may be granted
	4.	Approximate date of filing lawsuit:
	5.	Approximate date of disposition:
State her defendan specific of Include a legal argulaims, UNRELA ADDITIO	re, as B wrongfi ulso the uments you mu ATED C ONAL	ENT OF CLAIM  ERIEFLY as possible, the facts of your case. Describe what each violate your constitutional rights. You must include allegations of all conduct as to EACH and EVERY defendant in the complaint. names of other persons involved, dates, and places. Do not give any or cite any cases or statutes. If you intend to allege a number of related is to number and set forth each claim in a separate paragraph. CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) TED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL
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Supporting Facts:	*					
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M 3:		Sec.				
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Supporting Facts:						
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M 4:						
						***************************************

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anta on this Date 3-13-2020 He Kepp SDIAYING OTC Mase gas in OUTCELL SIT SO THEN He radioed FOT BUCK UP, I CLITINIENT WESTSTONE CO ROSIET COME, IOLITINIENT WEST STONE Was like come CLIFF UP SO I GO TO CLIFF UP I PUT MY HONGS IN THE SHU SIOT Behind MY BACK, WOLLTINIENT WESTSTONE WAS LIKE QUITTESISTING They he shot He IN MY BUTTON'S With an GLIN That shoots Muse Ball's so after they abuse There athority aginst us for Bour 5 of 7 MINUTE'S They TOUT US OUT THE CELLINTO THE SHOWER ON TONGES TO 2/05 h OUT THE MOSE OUT MY EYES, LT WESTSTONE PLINCH ME IN MY Face a couple of Time, Then He slaved my head aginst The shower saying That They were going to Kill me if 7 Brake another light, CO Evatson also punch me 4 Time's in the Back OF my head, I have WITTNESSES Who WITTNESS THEM OF THIS STUFF-TO-ME, ONE OF Them Name is Timmie Wenselle Witch Wasmy celly contrible Time of The second one vame is Joenell Rice # 60724-060. SU DUCK TO WHAT I Was saying SO THEY Dressed US OUT ? DUT US IN THE TESTTAINT cell in meadow chains, They LICHTF me To The Bed SITTHEN EVETY 2 HOURS When They did a RESTIGINT CHECK MY Private part I Welled 34T. Wenselle im 060 also Wittnessed This Decourse I ? Las in CELL TOOK WHEN THIS TOOK PLACE MI. WENSELLE

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THEM ON DOLLT THIS & I'M SLIPEING SIS FOR VIOLOTEING MY BUP policy Dueprocess right's Because they unlawfully Had Me Back Here in the shu For & MONTH'S WITH NO TICKET, THEN SIS THEY UNIQUE FULLY TEFETED ME FOI AUSA prosecution For a 101 ASSAULT Which is illegal ? a violation of my due process right's Because the Prison Never Charge me with dental INSTITUTION assult like they should have do to policy in order For This AUSA Prosecution to Be NOW IT, Sis or Dho was suppose to serve we a lock up order or ashot WITH IN 24 HIS & BOP POLICY PROGRAM STOTE MENT CODE 5270.09 CONFIRMS THIS MOMMENT OF TRUTHSIT, IN have past DieNoses OF ADHO, Bipolar Disorder, INTERNITION Explosive Disorder, Border live Intellectual Functing? Depression These are JUST some OF MY DIENOSES, I Take MEDICATION FOR ANTISOCIAL DEPSONALITY DISOIDER, OTHER Specified Depressive, Deing Back here UNION FULLY causeing me mental stress ? Trauma, JUST to Back This MOMMENT OF Truth UP, I got along paper Trail OF SUICIDE ATTEMPS ON MY rECORD SITITHE BOPCON CONFIRM This My MENTAI HEAlth docter Name MS. CTOUCH CONFIRM This TO YOU GLYS, THEY ALSO don't change are UniForms But every UNCE'S MONTH OF SOMETIME'S MONTH & a HOIF SIT They dant sale us soap our commassary which is a violation of Dop policy sit? They away give us 3 Ball's OF soop a week which each Ball's OF Soup. : S owly amough for one shower sit, Then They down even give us avoyigh the micie's to clear are cell's with Which this is UNSavitary sir I WE got This

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COIVIC 19 VITIS going ON. Which This is CTUEL and UNUSELE PLINISH MENT, Pain? SUFFERING and Which This is a violation of my united states constitution FIFTH amendment united states constitution Fight, - AND I'M SHEING MEDICAL FOR DENIEING ME medical attention sit, Because I got Bruises CNMY BODY From THE STAFF SIGI ask [N'NUTSE J. Gillespie if I can get a sick call, she ASK FOR What I Told her cause STAFF assuited me. She Told me There NOT GONNOR do IT FOR THOST SITE SOUTHIS IS a violation of my eighth amendment light Because IT IS My eight ha menement light to recieve the proper medical care and on the First week of may 2020 I SENT ON PETTER TO NOT: FY MY GROWNING TOSE about This WINGW FULL STUFF, I Told HET TOGET a alawyer in the letter when I called her on JUNE 15 2 GRO ON OSK HER did SHE GET MY mail, she sould she werer got my mail, so if? when aperson plays with some avers muil that's a Federal crime, vall can replay my phane call WITH her Force momment OF Truth, They also projed wit my Friend's JOENEIL TICE-060 JOYSON MITCHEL-060 ! ANTWON Private Mail All UF Them WE MY WITTMESS WOLLT THIS SIT

	Attachment A
	,
CLAI	M 5:
	Supporting Facts:
VI.	INJURY
	Describe BRIEFLY and SPECIFICALLY how you have been injured and the
exact	nature of your damages.
UN!	have been Phisicly assaulted IVE
Th	is is cruel, unusele punishment, PAIN, Sufferi
20 20	Ch is a Violetian of My fifth amendment Right
VII.	RELIEF
	State BRIEFLY and EXACTLY what you want the Court to do for you. Make
	no legal arguments. Cite no cases or statutes.
L Rit	Would like TO BE granted 25 Million
TRI	
<u>S.</u> 6 Mu	MENTO TO TRANSFER ME TO MEDICAL JAIL
	MENTY WESTIN 122060 CON BE TREATED TROP

# DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at		on	I .
	(Location)	(Date)	
		Oution	ainston
		Your Signature	